VALLHAVEN CARE CENTER

125 BYRD AVENUE

NEENAH 54956 Phone: (920) 725-2714		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	133	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	135	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	114	Average Daily Census:	120

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 	\{\bar{\}}		31.6 36.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	7.9	More Than 4 Years	10.5
Day Services	No	Mental Illness (Org./Psy)		65 - 74	12.3		
Respite Care	Yes	Mental Illness (Other)	2.6	75 - 84	36.8		78.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.6	95 & Over	7.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.5			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	11.4		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	23.7	65 & Over	92.1		
Transportation	No	Cerebrovascular	9.6			RNs	9.9
Referral Service	No	Diabetes	7.0	Gender	8	LPNs	8.4
Other Services	Yes	Respiratory	5.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	26.3	Male	34.2	Aides, & Orderlies	49.7
Mentally Ill	No			Female	65.8		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaio itle 19			Other			Private Pay	2		amily Care]	Managed Care	l		
Level of Care	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	엉	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	18	100.0	277	78	96.3	114	2	100.0	114	11	100.0	154	0	0.0	0	2	100.0	255	111	97.4
Intermediate				3	3.7	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	18	100.0		81	100.0		2	100.0		11	100.0		0	0.0		2	100.0		114	100.0

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:	i	Activities of	8		sistance of	% Totally	Number of
Private Home/No Home Health	7.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.8		78.9	19.3	114
Other Nursing Homes	0.0	Dressing	25.4		57.9	16.7	114
Acute Care Hospitals	87.1	Transferring	19.3		63.2	17.5	114
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.7		56.1	20.2	114
Rehabilitation Hospitals	0.0	Eating	67.5		22.8	9.6	114
Other Locations	5.2	******	*****	*****	*****	*****	*****
Total Number of Admissions	271	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	8.8	Receiving Resp	iratory Care	7.9
Private Home/No Home Health	31.0	Occ/Freq. Incontinen	t of Bladder	30.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	20.2	Receiving Suct	ioning	0.0
Other Nursing Homes	2.8	<u>-</u>			Receiving Osto	my Care	0.9
Acute Care Hospitals	30.2	Mobility			Receiving Tube	Feeding	0.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.6	Receiving Mech	anically Altered Diets	22.8
Rehabilitation Hospitals	0.0				_	_	
Other Locations	11.7	Skin Care			Other Resident C	haracteristics	
Deaths	24.2	With Pressure Sores		6.1	Have Advance D	irectives	5.3
Total Number of Discharges	į	With Rashes		1.8	Medications		
(Including Deaths)	281 j				Receiving Psyc	hoactive Drugs	40.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:	Lic	ensure:					
	This	Pro	prietary	100	-199	Ski	lled	Al.	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	90	%	Ratio	용	Ratio	앙	Ratio	9	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	88.6	86.2	1.03	87.6	1.01	88.1	1.01	87.4	1.01			
Current Residents from In-County	93.0	78.5	1.18	83.0	1.12	82.1	1.13	76.7	1.21			
Admissions from In-County, Still Residing	20.3	17.5	1.16	19.7	1.03	20.1	1.01	19.6	1.03			
Admissions/Average Daily Census	225.8	195.4	1.16	167.5	1.35	155.7	1.45	141.3	1.60			
Discharges/Average Daily Census	234.2	193.0	1.21	166.1	1.41	155.1	1.51	142.5	1.64			
Discharges To Private Residence/Average Daily Census	72.5	87.0	0.83	72.1	1.01	68.7	1.06	61.6	1.18			
Residents Receiving Skilled Care	97.4	94.4	1.03	94.9	1.03	94.0	1.04	88.1	1.11			
Residents Aged 65 and Older	92.1	92.3	1.00	91.4	1.01	92.0	1.00	87.8	1.05			
Title 19 (Medicaid) Funded Residents	71.1	60.6	1.17	62.7	1.13	61.7	1.15	65.9	1.08			
Private Pay Funded Residents	9.6	20.9	0.46	21.5	0.45	23.7	0.41	21.0	0.46			
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00			
Mentally Ill Residents	10.5	28.7	0.37	36.1	0.29	35.8	0.29	33.6	0.31			
General Medical Service Residents	26.3	24.5	1.08	22.8	1.15	23.1	1.14	20.6	1.28			
Impaired ADL (Mean)	44.6	49.1	0.91	50.0	0.89	49.5	0.90	49.4	0.90			
Psychological Problems	40.4	54.2	0.74	56.8	0.71	58.2	0.69	57.4	0.70			
Nursing Care Required (Mean)	5.0	6.8	0.74	7.1	0.71	6.9	0.73	7.3	0.69			